

## APPLICATION DATA SHEET

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?	None
Title::	OROPHARYNGEAL AIRWAY
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure?	2A
Total Drawing Sheets::	6
Small Entity::	Yes
Petition included?	No
Secrecy Order in Parent Appl.?	No

### Applicant One Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	India
Status::	full capacity
Given Name::	Arjunan
Family Name::	Ganesh
City of Residence::	Bryn Mawr

State or Province of Residence:: Pennsylvania  
Country of Residence:: United States of America  
Street of mailing address:: 275 S. Bryn Mawr Avenue, Apt. H-12  
City of mailing address:: Bryn Mawr  
State or Province of mailing address:: Pennsylvania  
Postal or Zip Code of mailing address:: 19010

**Applicant Two Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: United States of America  
Status:: full capacity  
Given Name:: Valerie E.  
Family Name:: Armstead  
City of Residence:: Moorestown  
State or Province of Residence:: New Jersey  
Country of Residence:: United States of America  
Street of mailing address:: 725 Kings Highway  
City of mailing address:: Moorestown  
State or Province of mailing address:: New Jersey  
Postal or Zip Code of mailing address:: 08057

**Applicant Three Information**

Applicant Authority type:: Inventor

Primary Citizenship Country:: United States of America

Status:: full capacity

Given Name:: Michael J.

Family Name:: Williams

City of Residence:: Moorestown

State or Province of Residence:: New Jersey

Country of Residence:: United States of America

Street of mailing address:: 725 Kings Highway

City of mailing address:: Moorestown

State or Province of mailing address:: New Jersey

Postal or Zip Code of mailing address:: 08057

**Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application is a	Non-Provisional of	Provisional 60/413,174	September 24, 2002

**Representative Information**

Representative Customer Number::	23973
Representative Contact::	Daniel A. Monaco
Contact Number::	(215) 988-3312

**Assignee Information**

Assignee name::	Thomas Jefferson University
Street of mailing address::	1020 Walnut Street
City of mailing address::	Philadelphia
State of mailing address	Pennsylvania
Country of mailing address::	United States of America
Postal or Zip Code of mailing address::	19107